



**CITY OF TUCSON
OFFICE OF THE CITY CLERK
CAMPAIGN FINANCE ADMINISTRATION REPORT
RECEIPT**

CITY OF TUCSON
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Primary Election – August 27, 2013
General Election – November 5, 2013

NAME OF COMMITTEE FILING REPORT

For Cactus Political Action Committee
(Name of Political Committee)
for _____ who is a candidate for the office
(Name of Candidate, when applicable)
of _____ Political Party _____ ID # 09-155-CT

OR

CANDIDATE \$500 THRESHOLD EXCEPTION STATEMENT

for _____
(Name of Candidate)
who is a Candidate for the Office of _____
Political Party _____ ID# _____

- ☐ Political Committee Statement of Organization # _____ ☐ Original or
☐ Request for Public Matching Funds Contract# _____ (PMF Candidates Only) ☐ Amended

CAMPAIGN FINANCE REPORT:

- ☐ a. Statement Establishing Eligibility – **PMF Candidates Only**
☒ b. Consolidated City/State Campaign Finance Report (Filed on or before January 31, 2013)
☐ c. Consolidated City/State Campaign Finance Report (Filed on or before July 1, 2013)
☐ d. Consolidated City/State Pre – Primary Report (Filed on or before August 23, 2013)
☐ e. City Post – Primary Report (Filed on or before September 6, 2013) – **PMF Candidates Only**
☐ f. State Post – Primary Election Report (Filed on or before September 26, 2013)
☐ g. Consolidated City/State Pre – General Election Report (Filed on or before November 1, 2013)
☐ h. City Post – General Election Report (Filed on or before November 15, 2013) – **PMF Candidates Only**
☐ i. State Post – General Election Report (Filed on or before December 5, 2013)
☐ Termination Statement (Final report must be included if not previously filed)
☒ Political Committee No Activity Statement (Report date of: 1/31/2013)
☐ Other _____

R. M. Jock
Signature Deputy City Clerk

Date: 2/4/2013

CFA SEC
165195
01/15/2013



CITY OF TUCSON
POLITICAL COMMITTEE
NO ACTIVITY STATEMENT



For Office Use Only
CITY OF TUCSON

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OFFICE OF THE
CITY CLERK

1. Cactus Political Action Committee
Full Name of Committee
PO Box 2069
Address
Phoenix, AZ 85001 (602) 262-2229
City Zip Code Phone Number
2. Ed L. Pastor, US Representative Leadership PAC Sponsor
Sponsoring Organization or Candidate and Office E-Mail Address Fax#

3. ID# 000347443

REPORTING PERIOD (Please check appropriate box)

FILING DEADLINE

- ☒ Consolidated City/State January 31 Report — For Period of
November 27, 2007 through December 31, 2008 November 29, 2011 - December 31, 2012 January 31, 2013
*February 2, 2009
- ☐ Consolidated City/State June 30 Report — For Period of
January 1, 2009 through May 31, 2009 June 30, 2009
- ☐ Consolidated City/State Pre-Primary Election Report — For Period of
June 1, 2009 through August 12, 2009 August 20, 2009
- ☐ City Post-Primary Election Report — For Period of
August 13, 2009 through September 8, 2009 September 11, 2009
- ☐ State Post-Primary Election Report — For Period of
September 9, 2009 through September 21, 2009 October 1, 2009
- ☐ Consolidated City/State Pre-General Election Report — For Period of
September 22, 2009 through October 14, 2009 October 22, 2009
- ☐ City Post-General Election Report — For Period of
October 15, 2009 through November 9, 2009 November 13, 2009
- ☐ State Post-General Election Report — For Period of
November 10, 2009 through November 23, 2009 December 3, 2009
- ☐ January 31, 2011 Report — For Period of
November 24, 2009 through December 31, 2010 January 31, 2011

or A.R.S. 16-916(D) if the date for filing any Campaign Finance report is a Saturday, Sunday or another legal holiday, the filing deadline is the next day that is not a Saturday, Sunday or another legal holiday.

This political committee received no contributions and made no expenditures for the period indicated above, and therefore is filing a No Activity Statement pursuant to A.R.S. § 16-913 (D).

I, the undersigned, being duly sworn depose (affirm) and say that, under penalty of perjury, this No Activity Statement is complete, true and correct.

Joseph Lusada (Designate)
Signature of Treasurer

Signature of Candidate

Signature of Chairperson

Subscribed and sworn to (affirmed) before me this _____ day of _____, 20____

My commission expires: _____

Notary Public